

## The Position of the Isolation Hospital in the Training of a Nurse.

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I propose in this paper to show how a period spent in an isolation hospital may be of service to a nurse in her subsequent career, and then to discuss briefly the different ways in which this work may be done.

I must, however, for the present purpose, divide nurses into two classes, those who "mean business" and those who do not; this latter class includes a somewhat large number who have taken up nursing intentionally for a short time only. The motive may be a good one, and I do not deny that such nurses often do their work well for a time, but they must of necessity lack that keen interest in it that only a life's aim can afford. To these I would say, "Get into the hospital or private nursing home that suits your purpose best and stay there"—but I am sorry for the hospital that has many of them.

Of the "real" nurses there are again two varieties, those whose interests are mainly clinical, who like the actual treatment of disease; and others who have a latent hankering after administrative work, and will probably ultimately become Matrons. To both of these the fever hospital has something to offer that I believe to be useful.

In what ways, then, does the nursing in a fever hospital differ from that in a general hospital, or workhouse infirmary? There is, of course, the knowledge that is to be obtained of the manners and customs of the diseases treated there, which are, scarlet fever (invariably), usually diphtheria and enteric fever also, and sometimes puerperal fever, erysipelas, measles, whooping cough, &c. This, however, is the asset that is, perhaps, the least valuable to a nurse, though it may be very useful to a medical officer. A nurse is not likely to see so many cases of infectious disease after she has left the hospital as to make it worth her while to spend a long period of her training in acquiring an intimate knowledge of them, and if the fever work is taken after her general training, the six months that she will probably devote to this is scarcely sufficient even to make her realise what she does not know.

No, the most important point is that, in an isolation hospital, so much is left to the nurses, or, to put it another way, what the nurse does,

or does not do makes such a difference to the patient; this is seen in two different ways; the nurse has so much more "interesting" and also so much more "menial" work to do herself.

To take the latter first:—It is, above all things, necessary that the patients in a fever hospital shall not be allowed to infect one another; this means, in other words, that absolute surgical cleanliness is required. In order to ensure this, the most rigid asepsis has to be taught to the probationers in all the wards, not only when they are in the surgical wards and the operating theatre. Consequently, much of the work that in a general hospital is the duty of the ward maids is given deliberately to the junior nurses, not incidentally for the amusement of the medical superintendent, but for the safety of the patients. The consequence of this is that a nurse trained in a fever hospital has, or should have, an unconscious and automatic knowledge of asepsis, a very different thing from regarding it as a sort of ritual that has only to be performed in the operating theatre or in the presence of an open wound. Who, on the other hand, in a fever hospital, has not met that type of Sister who begins (usually in the first twenty-four hours of her residence) by discussing volubly the cases she has nursed for the eminent surgeons in her last hospital, and then proceeds to put instruments down on unprotected bedclothes the first time she has a dressing to do?

Then, later on, inasmuch as the medical staff of a fever hospital are usually none too numerous, much work that is done by the house surgeons or dressers in a general hospital is given to the nurses. I must here, by the bye, express my deliberate conviction that a nurse—once she has learnt asepsis—makes a better dresser than the average man. I have often found myself admiring the neatness and gentleness with which she treats her surgical cases—and envying it too.

There are other points in which a fever hospital has some advantages. There is always a large proportion of children in the hospital, and I am sure that the nursing of a sick child is the very best training possible for a young nurse, if only because she has to exercise her powers of observation to find out what is the matter and "where it hurts." She cannot be led or misled by the statements that the average adult makes about his illness. Only—and this is after all an advantage—the looking after a ward full of feverish children is often terribly hard work. To my mind, when this results in some six or eight cases of septic scarlet fever being kept clean and comfortable, and their infection away from others, and this in addition

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